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ABSTRACT

Evaluated with 10 hyperkinetic Ss (9- to 13-years-old) was whether hyperkinetic children have more extrasensory perception (ESP) than normal children and learn ESP skills more rapidly than other children. Ss were administered the Operational Assessment Tool ESP teaching instrument. Results did not support the hypothesis that hyperkinetic children have more ESP than normal children nor the hypothesis that learning would occur as a result of using the Targ instrument by either experimental or control groups. (DB)

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A STUDY OF ESP IN HYPERKINETIC CHILDREN

THE CHILD CENTER ANNEX

Tiburon, Ca. 94920

August 31, 1974

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THEORY

Clinical observations by Gerald G. Jampolsky, M.D. led to the investigation of ESP and the hyperkinetic child. Many new theories for possible causes of hyperactivity in children have recently been advanced. In his role of child psychiatrist, Dr. Jampolsky noted that the hyperkinetic child seems to have a history of increased paranormal traits, such as clairvoyance and precognition. It seemed possible that one of the causes of the hyperactive behavior could be a confusion and difficulty in integrating these subliminal stimuli. In an attempt to obtain objective measurements of his observations, this pilot study was conducted by the staff of the CHILD Center Annex, Tiburon, California.

Utilizing the Targ ESP teaching instrument, the original hypothesis tested was: hyperkinetic children have more ESP than normal children. A second hypothesis developed was: precipients show learning or training, of ESP by use of the instrument.

We accept the existence of ESP as an assumption in all subjects. If the hyperkinetic subjects show either a stronger phenomenon, or more skill in learning to interpret the clairvoyant sensations, it may be possible to teach them to deal with this excessive stimuli, and to function at a useful operational level.

The results of the study carried out between February and July, 1974, are reported in this paper. Because the sample was not randomly selected, we are only reporting the results of our working sample.

METHOD

Subject Selection

Ten hyperkinetic subjects (H Group) were diagnosed and referred by two neurologists and a psychiatrist in Marin County, California. The normal control group (N Group) of ten was solicited through friends and a newspaper ad.

The H Group consisted of four subjects taking Ritalin or Ampehtemines, and six not taking medication.

Subjects were not matched for age. The range was from nine to thirteen years.

Subjects were not matched for sex. All of the H Group were males, probably resulting from the fact that four-fifths of hyperkinetic children are boys. Four of the N Group were male.

Experimental Conditions

An initial hour interview with each subject was conducted by the project director and the research assistant, at which time a questionnaire was filled out. (Appendix A). ESP was discussed, and a description of the project was given. It was emphasized that this was a study -- not a laboratory experiment. The instrument was demonstrated and the subjects allowed time to become familiar with it. In general, the major purpose of this interview was to help the child to feel comfortable in an alien setting.

At the second visit, each subject was administered the Operational Assessment Tool, developed by the staff of the CHILD Center, Kentfield, California. A copy of this questionnaire was sent to the child's parent and teacher. Four categories relating to hyperactivity were scored (Table 1). A color Clairvoyance test, consisting of fifty sealed envelopes containing twenty-five white and twenty-five black slips of paper,

H GROUP

LAB.	COOR.	CONC.	S.E.	AV.
41	26	29	37	33.25
28	21	24	20	23.25
24	24	32	29	27.25
42	34	36	45	39.25
29	23	36	46	34.00
28	16	22	25	22.75
43	17	36	29	31.25
33	12	29	24	24.50
31	15	40	27	28.25
AV. 29.9	18.8	28.4	28.4	26.38

N GROUP

LAB.	COOR.	CONC.	S.E.	AV.
29	15	31	20	23.75
18	17	26	19	20.00
15	11	11	12	12.25
22	17	29	29	24.25
21	20	26	27	23.50
21	13	23	18	18.75
19	16	27	25	21.75
22	19	18	17	19.00
33	17	33	35	29.50
AV. 21.9	16.0	25.1	22.5	21.38

Interpretation of quantitative measures:

23 - 34 slight problem
35 - 47 moderate problem
48 - 60 severe problem

TABLE 1. Operational Assessment Tool
Scores for lability, coordination, concentration, self-esteem.

randomly sorted, and wrapped in aluminum foil was given. The subject could feel the outside of the envelopes, and reported the color he intuitively thought was in each of the envelopes.

Each subject then visited the Annex twice a week after school, for four weeks. At each session, of approximately thirty minutes, the percipient performed six hundred runs, for a total of forty-eight hundred trials, in eight sessions, on the instrument. A questionnaire pertaining to psychological variables was asked at the completion of each session (Appendix B). Test monitors were rotated to avoid personality and expectancy variables.

At the completion of the eighth testing session, the subjects were post-tested on the color clairvoyance test.

The instrument was tested for randomness by an independent source. It was reported to be within random range.

Data Collection

Printed paper tape generated by an Acquarius printer recorded trial-by-trial results. The number of hits per set of twenty-five trials was then recorded by typewriter on a data sheet prepared by the Annex staff. This data was sent to the Stanford Research Institute for computer analysis. Further analysis was contributed by Langly Porter Neuropsychiatric Institute.

Data Analysis Procedures

A necessary condition for evidence of clairvoyance on the Targ instrument is a mean score significantly above the twenty-five out of one hundred trials expected to chance. The data analysis focused upon the mean scores and the slope. The test scores of the number of correct choices in each group of twenty-five trials were punched in time sequence onto cards.

RESULTS

Color clairvoyance tests (Table 2)

N Group average: Pre-test = 24.3 Post - test =25.0
H Group average: Pre-test = 25.8 Post-test = 24.5
N Group: Pre - test p =0.47 Post - test p = 0.50
H Group: Pre - test p =0.51 Post - test p = 0.49

Employing the Mann - Whitney U Test for non - parametric variables to analyze the raw scores, U = 11, U' = 16 on the pre - test, and U = 1, U' = 6 on the post - test, showing a significant difference in the performance of the two groups.

The Spearman Rank Correlation Coefficient, comparing the two group's performance on the instrument to their scores on the color clairvoyance test (Table 3) resulted in the H Group r = 1, N Group r = 0. This presents significent evidence that we were testing for clairvoyance on both the color test and instrument in the H Group. The N Group did not show a correlation.

Hypothesis #1 (Figure 1)

Mean
H Grp. av. = 25.47
av. binom. prob. = 0.28
s = 3.93
cr = .12
p = .02 for 9 av. means above MCE

N Grp. av. = 25.29
av. binom. prob. = 0.37
s = 4.35
cr = .06
p = .109 for 8 av. means above MCE

t test, 2 tail

df = 18
t = .82
t 0.05 = +2.101

We reject the hypothesis that hyperkinetic children have more ESP than normal children when tested on the ESP instrument.

Hypothesis #2

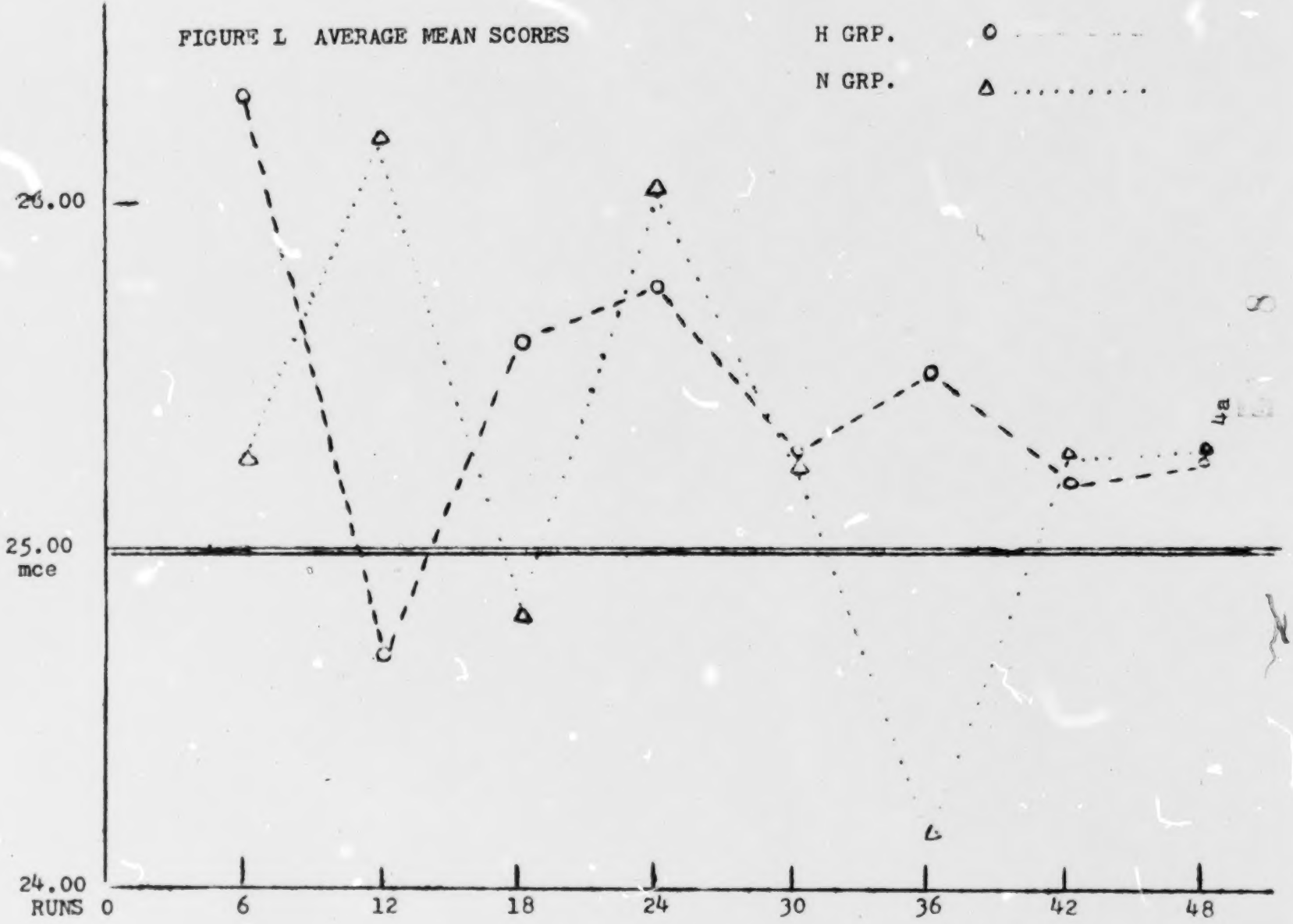


FIGURE L AVERAGE MEAN SCORES
H GRP.
N GRP.
26.00
25.00
mce
24.00
RUNS 0
6
12
18
24
30
36
42
48

PRE		POST	
H	N	H	N
33	30	29	33
28	30	29	31
27	25	28	28
27	25	25	27
26	25	24	25
25	23	24	24
25	23	23	22
24	21	23	22
22	21	23	19
21	20	17	19
AV. 25.8	24.3	24.5	25.0

TABLE 2 COLOR CLAIRVOYANCE TEST

	PRE-FIRST SESSION				POST-EIGHTH SESSION			
	H		N		H		N	
	33/50	28.16	30/50	28.68	29/50	26.84	33/50	27.84
	28/50	27.48	30/50	27.68	29/50	26.84	31/50	27.80
	27/50	26.64	25/50	26.48	28/50	26.80	28/50	27.00
	27/50	26/48	25/50	26.32	25/50	25.48	27/50	26.48
	26/50	25.64	25/50	26.16	24/50	25.48	25/50	26.16
	25/50	25.32	23/50	25.68	24/50	24.32	24/50	25.84
	25/50	24.80	23/50	24.16	23/50	23.48	22/50	24.80
	24/50	24.64	21/50	22.48	23/50	23.32	22/50	24.64
	22/50	24.32	21/50	22.16	23/50	22.80	19/50	23.32
	21/50	24.00	20/50	21.52	17/50	21.00	19/50	22.00
AV.	25.80	26.32	24.30	25.24	24.50	25.26	25.00	25.28

TABLE 3 COLOR CLAIRVOYANCE TEST - INSTRUMENT

Slopes

H Grp. av. = -02808
av. binom. prob. = 0.63
s = 2.10
8 neg. slopes
1 pos. significant at 0.05
1 pos. not significant at 0.05

N Grp. av. = -.00793
av. binom. prob. = 0.49
s = 2.14
4 neg. slopes
6 pos. not significant at 0.05

The decline effect was essentially identical in both groups, assymtatic at 4800 trials. (Figure 2)

Analysis of variance
There was no significant difference between the two populations in standard deviations from the mean. (Table 4)

A mixed model F ratio to examine the variance for dependent variables was employed.

$$F = \frac{.79}{.8151}$$

Three tests of homogeneity of variance proved to be insignificant:

Cochrans C = Maximum variance/sum of variances
0.1967 p = 0.20
Bartlet - Box F
1.031 p = 0.41
Maximum variance/minimum variance
2.245

Mean hit ratio (Table 5) n = 24 trials
H Grp. = 6.14
N Grp. = 6.28

To show learning, an increase in the scoring rate, as evidenced by a positive slope significant at the 0.05 level would occur. One hyperkinetic subject exhibited this incline effect. With a small population of 20, we would not expect this to occur in any subject. The probability of one subject is 0.05.

We reject the hypothesis that learning occured on the instrument in either group.

SESSION	MEAN	STANDARD DEVIATION
1	6.2083	2.2600
2	6.7500	2.0904
3	6.7083	2.8965
4	5.6667	2.3896
5	6.2500	2.7067
6	5.5000	2.1669
7	6.4583	1.9332
8	6.6250	1.9740
n = 8 AV.	6.2709	2.3086

TABLE 4 ANALYSIS OF VARIANCE
H & N GROUPS COMBINED

SESSION	H	N	AV.
1	6.26	6.62	6.44
2	6.44	6.27	6.36
3	6.22	6.37	6.30
4	6.45	6.49	6.47
5	6.28	6.35	6.32
6	6.01	6.38	6.20
7	6.25	6.35	6.30
8	6.27	6.43	6.35

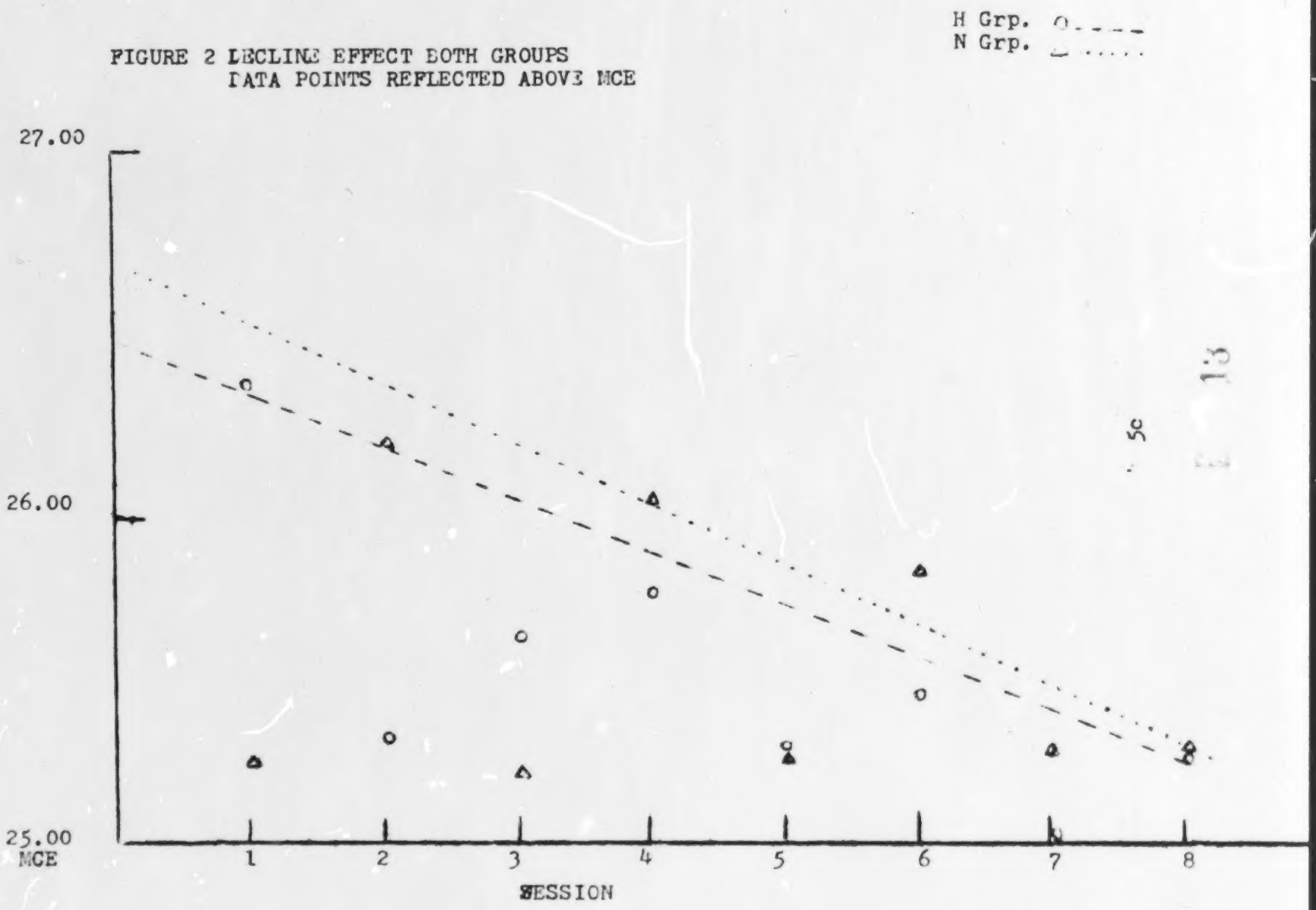
TABLE 5 MEAN HIT RATIO

VARIABLE	SUBJECT	
Sex	14 male	6 female
Hyper/normal	10 H	10 N
Drugs/no drugs	4 drugs	16 no
Nervous/easy going	8 nerv.	12 easy
Handedness	17 right	3 left
Belief in ESP	18 yes	2 no
Expectation of success	17 yes	3 no
Precognitive dreams	17 yes	3 no
Imaginary playmates	12 yes	8 no
Other precognitive experiences	11 yes	9 no
Deja Vu	13 yes	7 no

n = 20 n = 20

TABLE 6 VARIABLES H & N GROUPS COMBINED

FIGURE 2 DECLINE EFFECT BOTH GROUPS
DATA POINTS REFLECTED ABOVE MCE



Variables (Table 6)

After examining the answere to the question, "How do you feel you decide which button to press on the instrument?", no preferential effect was obvious.

In correlating the subject's daily average mean and the description of his feeling srate, we could not find a trend -- the distribution was very broad.

No one subject scored better or worse with any one test monitor.

Ninety percent of both groups expressed some belief in ESP.

Eighty percent of the H Group, and ninety percent of the N Group reported an expectation of success in an ESP experiment.

H Group taking drugs:

Av. mean = 25.17
Av. slope = -.05275

H Group not taking drugs:

Av. mean = 25.67
Av. slope = -.2218

Eighty percent of the H Group, and ninety percent of the N Group reported precognitive dreams.

Sixty percent of each group reported imaginary playmates when younger.

Ninety percent of the H Group, and sixty percent of the N Group reported other precognitive experiences.

Fifty percent of the H Group, and eighty percent of the N Group reported Deja Vu feelings.

DISCUSSION

The Targ ESP instrument was developed to train subjects to such a proficiency in ESP that their ability will be sufficient to allow us to go on and examine various models describing ESP. (Targ, Tart, Hurt). The teaching machine operates through a reinforcement technique of a

bell ringing when a hit is made. When testing hypothesis #1 of the existence of more ESP in either group, the feedback should be eliminated.

Some subjects reported being disturbed by the noise of the printer.

In a replication of this experiment, we suggest testing either for H_1, disconnecting the bell, or for H_2, and placing the printer in another place for testing both hypothesis.

Because the negative slopes of both groups were essentially similar, there is evidence of the existence of ESP in both groups, and that it was extinguished by well - known psychological procedures. We expected the H Group to show boredom because of the usualy history of short attentiion - span in hyperkinetic children. Both groups appeared to lose interest at the same rate, and their performance declined at the same rate.

The two populations could not be determined to be different as a result of psychological variables.

In a repetition of this experiment, both groups should be male, and all of the H Group should be either on or off drugs, eliminating drugs as a dependent variable. In a study of eighty hyperkinetic children, Dr. Herbert E. Rie, Professor of Psychology, Department of Pediatrics, Ohio State University, stated that those patients whose behavior was calmed because of Ritalin and Amphetemines, showed no statistically significant improvement in academic performance or learning ability. We found the average slope of the H Group taking drugs to be less than the group taking drugs.

Less controlled conditions should be attempted in a replication. Subjects should be allowed to perform on the instrument for as long as they wish, with no determined number of runs expected at each session. Hours for test sessions should be more flexible, allowing the subjects to perform when they feel they are more intuitive.

Parents and subjects should not be told that the purpose of the study is to attempt to find a cause for hyper - activity. The parent's of the H Group were observed to encourage their child to be competitive, and to try for a "good score". These motivating feelings could have

affected their child's performance. The study was of extreme importance to the parents of the H Group. It was interesting to note one hyperkinetic subject with a positive slope that was significant. At the 0.05 level we would not expect to have one subject from either group show learning, or training, on the ESP instrument.

Some interesting patterns of performance that are not statistically significant were observed. In a replication of this study, we would be hoping that these patterns would be observed again. More research and attention to the area of ESP in hyperkinetic children is recommended.